JAN 10 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

43475
Do not use this space.

1. PLACE OF DEATH
(a) County ..... Registration District No. 791
(b) Township ..... Primary Registration District No. 1008 Registered No. 11725
(c) City of St. Louis (d) Street No. City Hospital #1 St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Naomi Goodwin
(a) Residence, No. 2735 Hickory Street St. 22
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

No Attending Physician

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: white
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Separated

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Wife of R. G. Goodwin

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Dec. 31, 1916

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	20	11	18	

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: Dental Tech.
9. Industry or business in which work was done, as saw mill, bank, etc.: Unemployed
10. Date deceased last worked at this occupation (month and year) .....
11. Total time (years) spent in this occupation: 2 6/12

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Poplar Bluff, Missouri

FATHER
13. NAME: Fred W. Traudt
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Poplar Bluff, Missouri

MOTHER
15. MAIDEN NAME: Hazel Sherman
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Terre Haute, Indiana

17. INFORMANT (ADDRESS): Hazel Pepper, 2735 Hickory Street

18. BURIAL, CREMATION, REMOVAL: Burial
PLACE: St. Matthews Cem DATE: Dec. 22, 1937

19. FUNERAL DIRECTOR (ADDRESS): A. W. McLaughlin, 2301 Lafayette Avenue

20. FILED: DEC 21 1937, 19.... J. F. Bredeck, Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Dec. 19, 1937, 19

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....
I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 10:45 A.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Subacute Bacterial Endocarditis	
Bronchopneumonia	

Other contributory causes of importance:

9 | W

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....
(Signed) Alfred G. Perry, M.D.
(Address) Deputy Coroner

(Licensed Embalmer's Statement on Reverse Side)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

50M-7-36-37 I X12004

STATEMENT BY LICENSED EMBALMER

I, L R Cooper, Licensed Embalmer No. 3633

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

L. E.

No. or by , Registered Apprentice No.

working under my personal supervision.

Signed L R Cooper

Licensed Embalmer No. 3633

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)